

**EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
OFFICE OF MEDICAID (MASSHEALTH)**

**PERMISSION TO GET AND SHARE INFORMATION IN THE
CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) TOOL**

Name of MassHealth member (Member) _____

Name of behavioral-health assessor (Assessor) _____

Name of provider organization (Provider) _____

_____ (member) is under the age of 21 and is receiving a behavioral health assessment.

At certain times under MassHealth rules, behavioral-health providers must fully assess MassHealth members under the age of 21. Providers must use a special tool called the Child and Adolescent Needs and Strengths (CANS) to collect the information from the assessment. For members who are in ongoing treatment, the CANS must be updated at least every 90 days.

MassHealth is requiring behavioral health providers to use the CANS to ensure that the behavioral health services offered to members meet their needs and that all assessment records are kept the same way. If all providers keep their records the same way using the CANS, it will be easier for a member's providers to talk to each other. The CANS will also help MassHealth to check if services helped a member over time.

By signing below, I am giving the provider permission to give MassHealth all of the information in any CANS about the member. The provider can give the CANS information to MassHealth in the way and for the reasons described in this form.

The provider can enter CANS information into MassHealth's CANS computer system each time a CANS is done or updated.

MassHealth can use the CANS information in ways allowed by law, such as

- checking that the member gets needed services;
- checking that the member gets services that help over time; and
- doing studies that help MassHealth
 - evaluate or improve services offered to members;
 - decide whether to develop new services; and
 - decide how to lower health-care costs.

Using its CANS computer system, MassHealth can send the CANS information to any MassHealth managed-care entity that the member is enrolled in. MassHealth wants to do this so the managed-care entity can better serve the member and check that needed services are being delivered to the member. After the managed-care entity gets the CANS information, MassHealth no longer controls it. The managed-care entity will decide how to use or disclose the information under law.

I know that MassHealth will have to use or disclose the CANS information in ways required by law. I also know that MassHealth can remove information that identifies the member. It can use or disclose the remaining information for any reason.

I can cancel this permission at any time in writing in the ways listed here. I can give the provider a letter saying that I want to cancel my permission. The provider will tell me how to address the letter. I can also send a letter to MassHealth. The letter to MassHealth must be sent to: Children's Behavioral Health Initiative, attn: CBHI Consent, 1 Ashburton Place, 5th Floor, Boston Massachusetts, 02108.

A letter to cancel my permission must

- say who the member is;
- give the member's birth date;
- say who I am; and
- say if I am the member, the member's custodial parent, or explain why I can act for the member.

CANS information entered into the CANS computer system before I cancel my permission cannot be taken back. CANS information that the managed-care entity got before I cancelled my permission cannot be taken back.

Information given out under this permission may not be protected by the same laws that apply when the provider or MassHealth has it. It could be given out again.

I may put a permission end date on this form. If I do not, the permission ends one year from when I sign this form. If the member is still getting behavioral-health services from the provider when my permission ends, I will be asked if I want to give my permission again.

I have read this whole permission. I signed it willingly. I know that services to the member will not be affected in any way if I do not sign it or if I decide to take back the permission in the future.

I have been given a copy of this written permission.

Printed name of person signing permission

Signature of person signing permission

Date of signing (date permission starts)

Date permission ends (If no date is written on this line, permission will end one year from the date of signing.)

Please check the line below saying why you can sign this permission under law.

_____ I am the member. I am 18 years old or older. If I am not 18 years old or older, I can give my permission for other reasons under law.

_____ I am the member's custodial parent.

_____ I am able to act for the member to give permission to give out medical information. I have attached a legal document showing why I can do this.